Powering Big Ideas One

Napkin at a Time

to inspire providers to "test ride" disruptive ideas.

A bike mounted on the wall of the Medical Innovation Incubator was donated by Health Agency director Dr. Mitch Katz. The bike is intended

Mitch Katz, M.D.

A Message From the **Director**

Doesn't my old bicycle (see story to the right) look nice mounted on the wall of Dr. Andy Lee's idea incubator? I am so proud of Dr. Lee

for creating a space where we can incubate new ideas to improve our clinical practice. People need space—both figuratively and concretelythey are going to produce successful new ideas. Dr. Lee has supplied both. (And these days, it is so hot bicycling to work that I am starting to think my new bicycle should also be mounted on a wall and not riding on the hot pavement).

I want to give a special shout out to Ruth Young (see back page). Music can be as healing as medications. I know Harbor-UCLA Hospital has also benefited from volunteer piano players. In Ms. Young's case, we also benefit from another one of her other life works: her daughter, Robin, our exceptional graphic designer. My kids are back in school (I am happy to say). Stay cool. Drink a lot of water. Best wishes.

Tucked in a 5th floor multispecialty hub clinic (5PI) on the LAC+USC Medical Center campus, Dr. Andy Lee is creating something startling in the most antiseptic setting: an idea lab with big implications for the DHS health system and beyond.

Part test kitchen, science lab and artist studio, the Medical Innovation Incubator, or MII, serves as a platform to develop original, groundbreaking ideas to improve patient care - from clinic workflow tangles, to chronic disease treatment, to telemedicine models. Lee calls the incubator the "innovation bike" -- the vehicle for test riding innovations simpler, faster and more effectively.

Lee is an endocrinologist and medical director for specialty services. He came up with the idea while completing a fellowship in Healthcare Leadership with the California Healthcare Foundation (CHCF). After creating a diabetes care model combining primary care treatment with electronic specialist consults, he knew the impact could be spread to other DHS facilities.

The resistance in testing and scaling innovations inspired him to build DHS' first innovation incubator. From the formal curriculum he received from CHCF, he has embedded and translated over 20 different innovation concepts within a stylized symbol of the

"With an opportunity for employees to create wellarticulated disruptive designs, as an integrated healthcare system we will become more advanced and competitive,"

Consumer-directed trends in healthcare support his claim. Disruptive models like appbased doctor's visits, menupriced tests in shopping mall clinics, concierge medicine and mobile monitoring systems all point to the benefits of scaling new care paradigms. Providers that innovate will

(See 'IDEA' on back)

Chagas Screenings Expanded to Community Settings

By Michael Wilson

On any given Sunday morning, parishioners filing out of churches in the greater San Fernando Valley may be offered a blood test. The venue seems strange, but it's a strategy that is working to engage at-risk persons who may not have access to regular care.

Dr. Sheba Meymandi runs a Chagas Disease Center of Excellence on the Olive View-UCLA Medical Center campus. The Center has screened over 8,000 people since opening in 2007.

Chagas, which can lead to heart failure, is caused by parasite transmitted through a bug bite. The insect is indigenous to the U.S., Central and South America. People from Central and South America are at higher risk because of poorer living conditions. Persons infected can live symptom-free for decades before onset of complications. Once cardiac complications start, treatment does not have a significant impact. Early screen-



Dr. Sheba Meymandi, director of the Center of Excellence for Chagas Disease (CECD), taking blood at a screening tent. Photo credit: Angela Boatwright/DNDi

(See 'SCREENING' on back)

('SCREENING')

ing, diagnosis and treatment are critical. "It's a race against time," she says. A big challenge is getting people screened early and into treatment. But the largely lowincome populations at risk often face barriers like transportation, insurance coverage, fears of deportation, and lan-



Chagas patient focus group meets at the CECD. Photo credit: Angela Boatwright/DNDi

curative.

guage barriers. There's also the trust factor. So Meymandi has turned to partner groups that serve the 2.5 million strong Latin American community. One of those partners is the Providence Faith Community Health Partnership, which offers health fairs with free screening services through churches and other community organizations. The approach has proved to be an effective way to disseminate important health messages. Spanishspeaking volunteers from the Center staff the events.

The CDC estimates that one percent of Hispanics are Chagas-positive, which supports findings from a local research study of 4,000 patients that identified prevalence of 1.24 percent.

"Because we treat a high percentage of Spanish-speaking patients in DHS from these geographic areas there's the potential for much higher cost burden to the system," says Center project director Salvador Hernandez. "Treating Chagas with medication far outweighs the cost of pacemakers

or treating ongoing heart failure.'

The Olive View-UCLA laboratory now handles all blood testing for Chagas in DHS and any patient who tests Chagas-positive is directed to Olive View for treatment. By moving testing to one facility, the hospital can leverage scale to reduce lab costs formerly handled through an outside vendor. The Center's expertise also allows providers across DHS to refer their patients to a single site for optimal treatment. Work is under way to establish a standard Chagas screening protocol in all DHS primary care clinics. Screening, diagnosis and treatment of Chagas Disease is the best example of preventive medicine. Treatment if caught early can be

Safety Program Recognized

On August 7, Destiny Castro, Inspector General for the CEO Risk Management division, accepted the 2017 National Association of Counties (NACo) Achievement Award for the County-wide Implementation of Safety Intelligence (SI), the County's online event reporting system used by all of the County departments that provide medical services (DHS, DPH, DMH, and Fire). Liz Augusta, DHS Clinical Risk Manager, and Mary Ann O'Donnell, DMH Clinical Risk Manager, also attended the ceremony. DHS led the process to negotiate a County-wide contract with Vizient for the purchase and installation of the SI system in 2014.



Foster Youth Visit LAC+USC

LAC+USC Medical Center hosted foster youth at a career day visit on August 14. The students toured the facility and shadowed staff in Pharmacy, Radiology, and Physical Therapy to explore health profession tracks. Earlier that day, the youth met with the Board of Supervisors where they were recognized with scrolls and photos. Special thanks to Gabriel Rodriguez, Beatrisa Bannister and Patricia Hokama for coordinating unit visits and creating a memorable experience.

Morning Becomes Classical

Retired DHS employee Ruth Young volunteers her time and talent every Thursday at LAC+USC Medical Center for the enjoyment of patients and their families. She plays exquisite classical music for one hour in the IPT lobby, and one hour in the Clinic Tower lobby. "Her warmth and dedication to our patients flows from her heart onto the piano keys," says hospital music director Toby Horn. Creativity runs in the family. Her daughter, Robin Young, is a graphic designer and public information officer whose work appears in many DHS communications.

Harbor-UCLA Awarded **Funding for Emergency** Care Research

Congratulations to the Department of Emergency Medicine for recently being awarded a successful NIH grant to create a groundbreaking national network of hospitals and ambulance agencies to conduct emergency care research. The NIH is providing the funding for Strategies to Innovate EmeRgENcy Care Clinical Trials Network (SIREN), a collaboration of hospitals and other emergency care providers that have formed 11 regional networks around the country to conduct the research. The Southern California collaboration, led by Harbor-UCLA, will work with the NIH and other hubs across the country to fund and administer multiple clinical trials to improve the outcomes for patients with neurologic, cardiac, respiratory, hematologic and traumatic emergencies.

"The support provided to the SIREN research network by the NIH provides an unprecedented opportunity for our emergency medical services and emergency care researchers, both in the Los Angeles area and beyond, to investigate promising treatments for devastating illnesses and injuries affecting our patients and communities," said Roger J. Lewis, MD, PhD, the Chair of Emergency Medicine and a co-principal investigator for the Southern California SIREN collaboration. "It is a privilege to be a part of this important national collaborative effort."

Led locally by Kabir Yadav, MD MS MSHS, the proposal was a collaboration with local experts in traumatic, cardiac, respiratory, neurologic and hematologic emergencies, in addition to partnerships with dozens of regional academic, community and inner-city medical centers and ambulance agencies. In addition to Roger Lewis and Kabir Yadav, Harbor-affiliated Marianne Gausche -Hill, MD is another principal investigator, and Nichole Bosson MD, MPH, is a co-investigator. The SIREN clinical trials will be meritorious, peer-reviewed projects which will be awarded under separate funding announcements.

('IDEA')

draw patients who have choice and the payers behind them. The MII doesn't

require detailed proposals. **Providers**

across DHS are encouraged to submit

Stylized bike symbol illustrates investment return for innovation concepts.

simply-sketched "back of the napkin" ideas to take them to the next level. The incubator has a unique challenge in helping innovators transform a napkin sketching into a fully formed business model built for scale.

Lee says a major aim is to side-step the causes of why so much innovation work fails, like pursuing ideas that are novel, but not disruptive, or the inability to scale a great idea from one health center to multiple sites.

The incubator can do modeling to see how an idea developed in a Care Improve Team (CIT) or Lean project, for example, might play out across a dozen or even hundreds of clinics. Add multipliers for the DHS system, and the results are in Lee's words, "incredible."

FAST FACTS From Dr. Katz

Michael Wilson

Robin Young Co-Editor

Lisa Finkelstein Lois Ramirez

Contributors

Marife Mendoza